



**Hamilton County Board of Mental  
Retardation & Developmental Disabilities**  
**Application For Volunteer Service**

Today's Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle the location where you are interested in volunteering.

Support Center (Blue Ash)				
Schools	Breyer School (New Burlington)	Fairfax School (Madisonville)	Rost School (Bridgetown)	Leaders in Action (Northside)
Adult Centers	Beckman Center (New Burlington)	Franks Center (Bridgetown)	Jackson Center (Madisonville)	Kidd Center (Evendale)

What days of the week can you serve?

(check appropriate box(s))

5 days		Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Is there any season (or months) of the year you would not be available? \_\_\_\_\_

**Post High School Education/ Training History**

School	Degree/Certificate	Major/Field
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you hold, or have you held any occupational or professional licenses? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Have you ever been convicted of a felony? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
Signature date

Have you had any traffic violations in the past three years? \_\_\_\_\_ If so, when \_\_\_\_\_

Do you have auto insurance? If so, please provide name \_\_\_\_\_ and policy number \_\_\_\_\_

**Personal References (include HCBMRDD references if applicable)**

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

### Work/Volunteer Experience

Agency/Organization \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

Reason for discontinuing volunteer service \_\_\_\_\_

Agency/Organization \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

Reason for discontinuing volunteer service \_\_\_\_\_

What skills can you share with HCBMRDD *Please check all that apply.*

<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Physical Activities	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Music	<input type="checkbox"/> Social Work	<input type="checkbox"/> Teaching
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Artist	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Caregiver	<input type="checkbox"/> CPR/First aid	<input type="checkbox"/> Driving
<input type="checkbox"/> Telephone/Switchboard	<input type="checkbox"/> Working with children	<input type="checkbox"/> Filing
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Other	

What are your top three reasons for wanting to volunteer at HCBMRDD?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How did you learn about HCBMRDD volunteer opportunities? \_\_\_\_\_

Please describe your experience or knowledge of HCBMRDD. \_\_\_\_\_

***Please note: All volunteers must attend orientation before volunteering at Hamilton County Board of MRDD facilities.***

**I certify that the information given in this application is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

*Please return to:* Michelle Rogers – Community Relations Coordinator  
Hamilton County Board of MR/DD \* 4370 Malsbary Road - Suite 200 \* Cincinnati, Ohio 45242 \* (513) 587-7328

#### FOR OFFICE USE ONLY

Building \_\_\_\_\_ Location \_\_\_\_\_ Staff Supervisor \_\_\_\_\_

Date placed \_\_\_\_\_ End of Service \_\_\_\_\_ Placed by \_\_\_\_\_

Day & time of volunteering \_\_\_\_\_

Special Assignment \_\_\_\_\_